

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 8 1944 318

Primary Registration District No.

1003

Registrar's No. 5721

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 6 days
 (Specify whether
 In this community..... 21 years
 years, months or days)

3. (a) PRINT
FULL NAMEMary Collins3. (b) If veteran,
name war.....3. (c) Social Security
No.

4. Sex..... Female..... 5. Color or
race..... Negro..... 6. (a) Single, widowed, married,
divorced..... Widowed
 6. (b) Name of husband or wife..... James Collins..... 6. (c) Age of husband or wife if
alive..... years
 7. Birth date of deceased..... May 9 1874
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 11 hr. min.

9. Birthplace..... Louisiana
 (City, town, or county) (State or foreign country)

10. Usual occupation..... Housekeeper

11. Industry or business

12. Name..... Dexter Hartison

13. Birthplace..... Louisiana
 (City, town, or county) (State or foreign country)

14. Maiden name..... Martha Robinson

15. Birthplace..... Louisiana
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Mary Cooper(b) Address..... 2740 Walnut St.

17. (a) Burial..... (b) Date thereof..... June 26 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Greenwood18. (a) Signature of funeral director..... Russell Undt. Co.(b) Address..... 2732 Pine St.

19. (a) June 26 1944 (b) J. F. Bruck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri..... (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2740 Walnut
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June..... day..... 20.....
 year..... 1944..... hour..... 6..... minute..... 10 P...... M.

21. I hereby certify that I attended the deceased from..... June 20....., 19.....
44....., 19.....
44....., 19.....
 that I last saw her alive on..... June 20....., 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Hemorrhage..... Duration.....
9 days

Due to.....

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
 (e) Means of injury.....

23. Signature..... Alvin Moore..... (M. D. or other)

Address..... 2601 Whittier..... Date signed..... 6/22/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joel Russell

Licensed Embalmer No. *4112*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.